

215047714
70233

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 036	Agency Case No. B5-107397	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1							
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 11/17/2015		TIME OF ACCIDENT 1755	STATE USE ONLY								
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1804	11/17/2015								
B	45	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. N 52ND ST/R ST - O ST			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE							
C	4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE							
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION									
V1/M	02	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING							
V2/M	01	MILES		N S E W	AND MILES	OF NEAREST CITY OR TOWN							
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO							
F	2	VEHICLE NO. 1											
V1/N	1	DRIVER LICENSE NO.	H13366616	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE							
V2/N	1	DRIVER	CODY T JONES	PHONE	4024999588	LOCAL NO.							
G	2	DRIVER ADDRESS	2810 P ST, LINCOLN, NE	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	10/15/1993							
H	5	OWNER	SCHAEFERS INC	PHONE		LOCAL NO.							
V1/O	1	OWNER ADDRESS	4700 R STREET, PO BOX 30184, LINCOLN, NE 68503	CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB497676							
V2/O	2	LICENSE PLATE	TE NO. SHW895	YEAR (Plate Expires)	2016	STATE (Of Plate) NE							
V1/O	1	VEHICLE	2004	MAKE	GMC	MODEL	SIERRA	BODY STYLE	Pickup truck	COLOR	white	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 250
V2/O	2	VEHICLE ID NO. (VIN)	1GTEC14X34Z261845	INSURANCE COMPANY			CONTINENTAL WESTERN INSURAN						
I	1	TOWED TO		TOWED BY		POLICY NO.	CPA3043459						
J	01	VEHICLE NO. 2											
V1/P	1	DRIVER LICENSE NO.	H12766881	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE							
V2/P	1	DRIVER	JUSTIN R WHISLER	PHONE	4024999588	LOCAL NO.							
V2/P	1	DRIVER ADDRESS	531 S 52ND ST, LINCOLN, NE 68510	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	05/28/1985							
V2/P	1	OWNER	ABBIE R WHISLER	PHONE	03-12-1985	LOCAL NO. 4024999588							
V1/Q	4	OWNER ADDRESS	531 S 52ND ST, LINCOLN, NE 68510	CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.							
V2/Q	4	LICENSE PLATE	PA NO. SUF531	YEAR (Plate Expires)	2016	STATE (Of Plate) NE							
V2/Q	4	VEHICLE	2002	MAKE	Mazda	MODEL	PROTEGE	BODY STYLE	4 door Sedan	COLOR	dark green	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 1400
V2/Q	4	VEHICLE ID NO. (VIN)	JM1BJ225X21613816	INSURANCE COMPANY			NATIONWIDE INSURANCE COMPAN						
K	10	TOWED TO		TOWED BY		POLICY NO.	PPGM0021795484-6						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)													
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX				
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F				
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)										
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME										
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)										
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME										

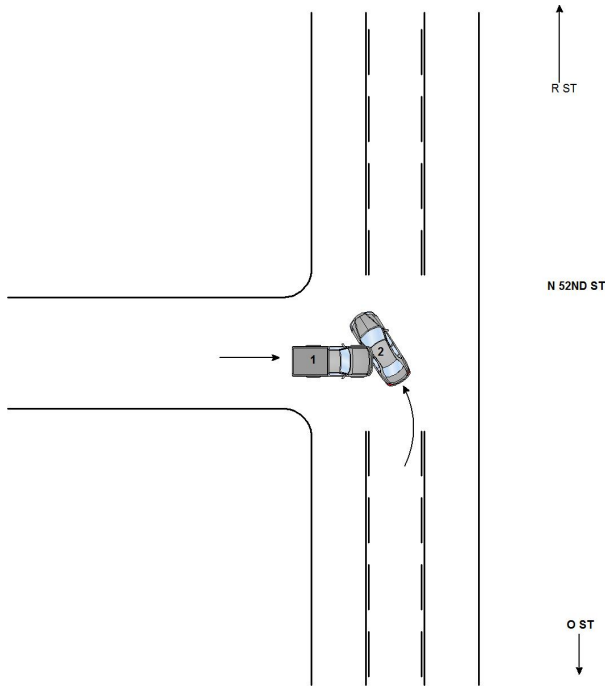
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-107397



Indicate
North
by Arrow



Not To Scale

MEASUREMENTS ARE APPROXIMATE

POI 1
301 FT N OF N CURB O ST
22 FT E OF W CURB N 52ND ST
STREET WIDTH
N 52ND ST
45 FT

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 reported he was leaving Hy-Vee (5010 O St) and pulled out of the west driveway onto N 52nd St. D1 said he observed V2 on N 52nd St however thought it was going to continue straight northbound. D1 said he continued eastbound and collided with V2. D2 said he was turning left (westbound) into the Hy-Vee lot from northbound N 52nd St. D2 said his vehicle was 't-boned' by V1. No injuries reported.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME													
1			X		N 52ND ST													
2	X				N 52ND ST													
1	06				06 Turning left													
2	06				08 Entering traffic lane													
01 Essentially straight ahead					09 Leaving traffic lane													
02 Backing					10 Parked													
03 Changing lanes					11 Slowing or stopped in traffic													
04 Overtaking/ Passing					12 Other													
05 Turning right					13 Unknown													
OFFICER NO. 1685					TROOP/ TEAM/ BEAT 2					DEPARTMENT Lincoln Police Department					Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
INVESTIGATOR NAME (Print or Type) Kyle Meyerson					INVESTIGATOR SIGNATURE Approved by Officer Kyle Meyerson					DATE OF REPORT 11/17/2015								